



LAKE COUNTY BUILDING DIVISION

315 West Main Street, Tavares, FL 32778

(352) 343-9653, Fax 343-9771

www.lakecountyfl.gov

ELECTRONIC PLAN REVIEW COMMUNICATION AUTHORIZATION

Permit Number _____ Date Submitted _____

Contractor or Builder _____

<input type="checkbox"/> New Submittal	<input type="checkbox"/> New Permit
<input type="checkbox"/> Resubmittal per Deficiency Letter	<input type="checkbox"/> New Master Plan
<input type="checkbox"/> Revision to Approved Plan	<input type="checkbox"/> Existing Master Plan No. _____

Permit Type _____ Model Name _____

Contact Name _____

Telephone _____ Fax _____

E-mail Address _____

Design Professional of Record _____

Telephone _____ Fax _____

E-mail Address _____

AUTHORIZATION

I authorize plans examiners of Lake County Building Services to communicate as needed, directly with the above named design professional of record in writing, telephone or electronically. The purpose of the communication would be to discuss deficiencies and any clarifications necessary in regard to plans submitted for this project.

Comments _____

Applicant's Printed Name _____

Signature _____ Date _____